

Case Number:	CM14-0141034		
Date Assigned:	09/10/2014	Date of Injury:	12/15/2011
Decision Date:	10/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old female with a reported date of injury on 12/15/2011. The mechanism of injury was not noted in the records. The diagnoses consisted of major depressive disorder, generalized anxiety disorder, and pain disorder. The past treatment included 7 sessions of cognitive behavioral therapy, massage therapy, and physical therapy. There were no diagnostic imaging studies or surgical history noted in the records. The subjective complaints on 08/13/2014 included feelings of depression due to failed attempts to return to work. The mental status examination noted catastrophic thinking, low self-esteem, increased social isolation, and decreased self-care activities. The plan was to continue cognitive behavioral therapy. A request was received for Additional 6 sessions of cognitive behavioral therapy QTY: 6.00. The rationale was to stabilize acute symptoms of depression and increase functional restoration. The Request for Authorization form was submitted on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional 6 sessions of cognitive behavioral therapy QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive therapy for depression

Decision rationale: The request for Additional 6 sessions of cognitive behavioral therapy QTY: 6.00 is not medically necessary. The Official Disability Guidelines state up to 13-20 visits of cognitive behavioral therapy may be supported for depression and continued visits should be contingent on documentation of objective improvement. The injured worker has major depression and generalized anxiety. There was a lack of evidence submitted demonstrating clear measurable functional progress from the 7 previous therapy sessions. In the absence of measurable objective progress from previous therapy, the request for additional therapy is not supported by the evidence based guidelines. In addition, the submitted request does not specify the frequency of treatment. As such, the request is not medically necessary.